





**TRANSMISSION REQUEST FORM**  
**(In case of death of one / more of the joint holders)**

Application No.		Date	D	D	M	M	Y	Y	Y	Y
-----------------	--	------	---	---	---	---	---	---	---	---

(Please fill all the details in **Block Letters** in English)

To,  
**Systematix Shares And Stocks (India) Limited**  
**The Capital, A-wing, No. 603 – 606,**  
**6th Floor, Plot No. C-70, G Block,**  
**Bandra Kurla Complex, Bandra (East), Mumbai – 400 051.**

Dear Sir / Madam,

I / We, the joint holder(s) / Successors request you to **transmit** the securities balance from:

DP ID										Client ID									
-------	--	--	--	--	--	--	--	--	--	-----------	--	--	--	--	--	--	--	--	--

To

DP ID										Client ID									
-------	--	--	--	--	--	--	--	--	--	-----------	--	--	--	--	--	--	--	--	--

Due to the death of -----(Name of the deceased account holder(s)).

Original Death Certificate / copy of Death Certificate (duly notarized / attested under seal by a Gazetted Officer) is attached herewith.

	First / Sole Holder	Second Holder
Name(s) of the surviving holder(s)		
Signature(s) of the surviving holder(s)		

======(Please tear here)=====

**Acknowledgement Receipt**

**Application No.**

**Date: -**

We hereby acknowledge the receipt of the following instructions for transmission from:

DP ID										Client ID									
-------	--	--	--	--	--	--	--	--	--	-----------	--	--	--	--	--	--	--	--	--

To

DP ID										Client ID									
-------	--	--	--	--	--	--	--	--	--	-----------	--	--	--	--	--	--	--	--	--

<b>Surviving Holder(s) Name(s)</b>	
First/Sole Holder	Second Holder
Documents Submitted	

Subject to verification.

**Depository Participants Seal & Signature**